Health IT and ARRA Workshop

April 27, 2009



Your Guide to HIT/HIE Information

Today we will:

- Review new Federal and state policies for context and to understand their interplay,
- Review terms and definitions (see hand out),
- Walk through Health Information Exchange in some detail,
- Discuss expanding Electronic Health Record system implementation,
- Begin to get a sense of the funding streams that are involved, and
- Hear from you: your questions, hopes, desires...



Unlike much of ARRA, the Health IT funding extends over multiple years.

And while there is a lot of near-term money (over \$2B in FY09), there is a five year authorization for a series of new grants and funding programs through ONC, as well as multi-year, multi-billion dollar incentive payments through CMS starting in 2011.

But ARRA is not just about the money.



ARRA is a landmark policy document. It is not an exaggeration to say that the first Federal health care reform legislation of 2009 was signed into law February 17th:

"One of HITECH's most important features is its clarity of purpose.

Congress apparently sees HIT — computers, software, Internet connection, telemedicine — not as an end in itself but as a means of improving the quality of health care, the health of populations, and the efficiency of health care systems. Under the pressure to show results, it will be tempting to measure HITECH's payoff from the \$787 billion stimulus package in narrow terms — for example, the numbers of computers newly deployed in doctors' offices and hospital nursing stations. But that does not seem to be Congress's intent. It wants improvements in health and health care through the use of HIT."

- Dr. David Blumenthal, NEJM 4/9/09



Broad Scope of who and what is included: The term `health care provider' includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician, a practitioner, a rural health clinic, a covered entity under section 340B, a therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

Broad vision of "enterprise integration" or electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure.



The **H**ealth **I**nformation **T**echnology for **E**conomic and **C**linical **H**ealth (HITECH) Act codifies new federal Health IT policy and creates a new Federal leadership structure:

- Office of the National Coordinator (ONC) Dr. David Blumenthal
- HIT Policy Committee
- HIT Standards Committee
- Chief Privacy Officer

ONC's Immediate Tasks:

- Update Federal Health IT Strategic Plan
- Define Meaningful Use, Review and Update Standards Criteria



What is a Certified EHR?

Until now, Certification was determined by the Certification Commission for Health Information Technology (CCHIT).

New Standards Committee to revisit definitions and standards and provide ONC with recommendations.

What is Meaningful Use?

The not yet fully defined criteria that determines provider eligibility for Medicare and Medicaid incentive payments and subsidies.

Will almost certainly involve use of Certified EHR Technology "for electronic exchange of health information to improve the quality of health care, such as promoting care coordination."



It's not just about Health Information Technology in isolation: it's all about how HIT communicates and interacts to support improved system performance and quality.

"Cost. Quality. Equality."

Neil Calman, President/CEO of the Institute for Family Health, New York and member of ONC HIT Policy Committee



Development of a national health information technology infrastructure that allows for the electronic use and exchange of information and that

- (1) ensures that each patient's health information is secure and protected, in accordance with applicable law;
- (2) improves health care quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care;
- (3) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information;
- (4) provides appropriate information to help guide medical decisions at the time and place of care;
- (5) ensures the inclusion of meaningful public input in such development of such infrastructure;
- (6) improves the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information;
- (7) improves public health activities and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks;
- (8) facilitates health and clinical research and health care quality;
- (9) promotes early detection, prevention, and management of chronic diseases;
- (10) promotes a more effective marketplace, greater competition, greater systems analysis, increased consumer choice, and improved outcomes in health care services; and (11) improves efforts to reduce health disparities.



ARRA Changes the HIE Game at the State Level

Previously, Regional Health Information Organizations – RHIOs like VITL, Vermont Information Technology Leaders – created as public/private partnerships drove HIE development.

Under ARRA, most states are reconfiguring HIT/HIE policy to have the state take a more active leadership role in ensuring policy implementation and coordination with the Feds.

H.444 Sections 1 – 13 are all about HIT/HIE

Places responsibility for overall coordination of statewide health information technology, including implementation of an integrated electronic health information infrastructure for the sharing of health information among health care facilities, health care professionals, public and private payers, and patients.



Vermont Health IT Plan

Authority for the plan moves from VITL to state, mirroring national policy goals and responsibilities.

Vermont Health Information Exchange Network

Remains VITL's core function: providing interoperability of HIT across Vermont and beyond.

Health Reform HIT Planning and investments since 2005

Position Vermont to take full advantage of new opportunities.

Funding resources for EHR Adoption/Implementation

Poised to expand dramatically with state-level coordination of applications for funding to maximize Vermont's competitive advantage and align efforts among providers and regions.



The digitization of health information

Health care is among the last sectors of our life and economy to effectively digitize information.



Music on CDs, Movies on DVDs, everything on computers...



Almost every sector of life is going digital...



Waiters and waitresses don't write, they touch...
and your order is printed in the kitchen....



Accelerating Connectivity for Programs & People

AHS enterprise-wide architecture Connectivity across and within AHS

- a common Enterprise Master Persons Index to interface public health data with the HIE network,
- Public Health reporting: de-identified for prevalence reporting and other statistical analysis, indentified data for registries, vital records
- Lab and digital image feeds from hospitals and specialists to VDH for statistical analysis.

MHISSION-VT, an integrated pilot linking MH & SA providers, the Depts. of Mental Health and Corrections, the court system, and the Veterans Administration supported by IT infrastructure.



Accelerating Connectivity for Providers & Patients

Vermont's Blueprint for Health Integrated Patient Centered Primary Care Medical Home and Community Care Team: a model of care supported by HIT infrastructure:

- Lab and digital image feeds from hospitals and specialists to primary care EHRs
- Continuity of Care Records (patient demographics, problem list, Rx history, allergies, etc.) updated with each medical visit
- Provider off-site and after-hours access to medical records,
- ePrescribing and automated checks against medication errors and adverse interactions

Individual Vermonters' direction and management of their health information connecting Personal Health Records to broad HIE.

Secure clinical messaging, patient/doctor and doctor/doctor email,



Information Privacy & Security

The HITECH Act establishes new Federal standards for privacy and security of patient health information.

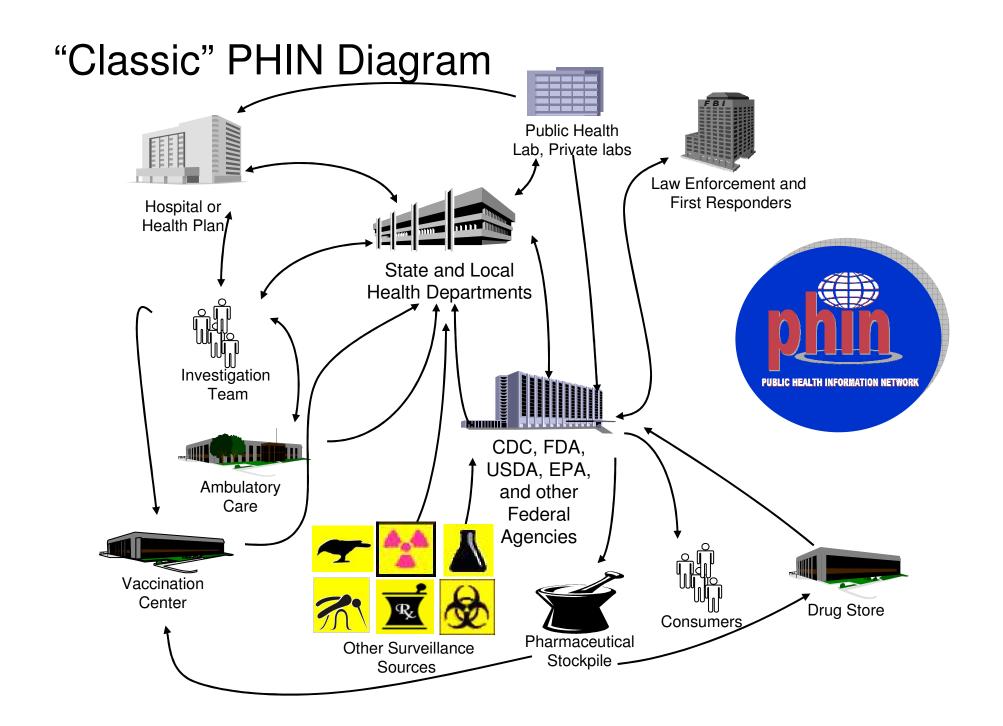
H.444 requires Vermont privacy and security standard to conform to the federal requirements.

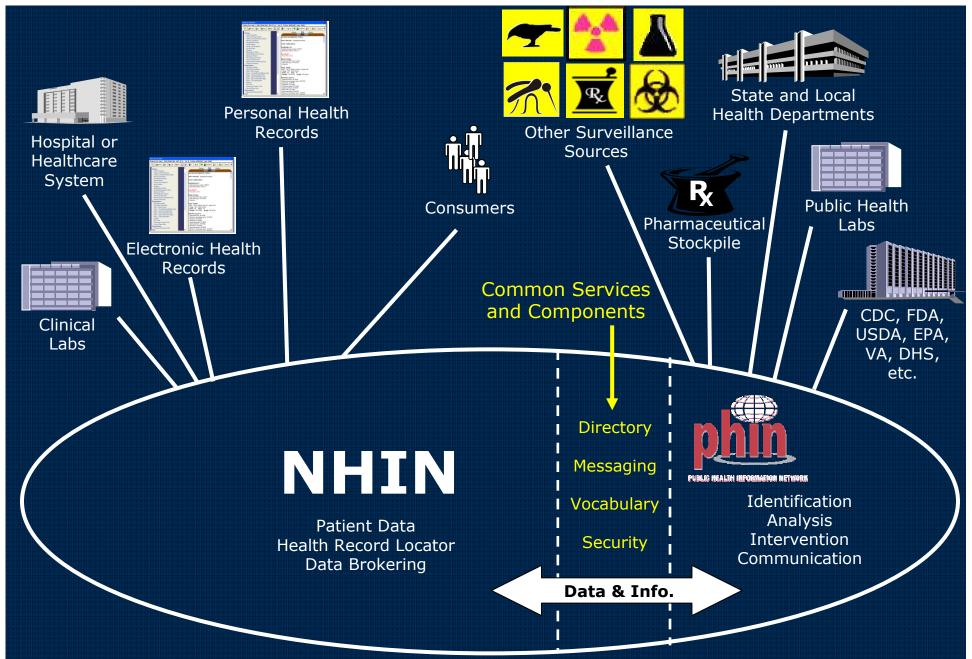
Digitized Health Information lives and will live in multiple databases on multiple computers, not in a centralized "Big Brother" data warehouse.

Health information will only be shared on a "need to know" basis and cannot be shared unless authorized.

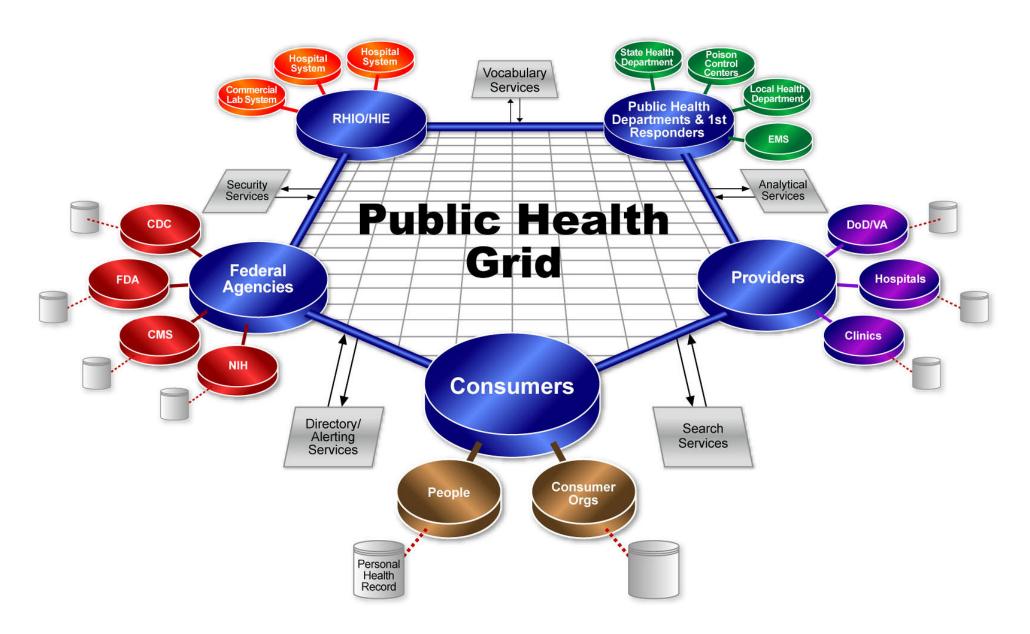
Patients – and providers – must "opt in."





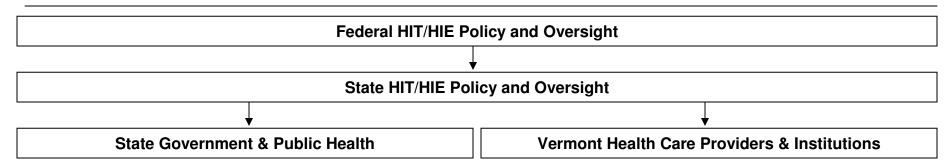


Conceptual Model



From a presentation by Tom Savel, MD, Associate Director for Science (Acting), National Center for Public Health Informatics (NCPHI), Centers for Disease Control and Prevention in November 2007 at the HRSA OHIT Grantee Meeting

Fitting the pieces together



Public Health surveillance, registries, & other public health functions

Medicaid health programs case management functionality and connectivity

Other Medicaid & AHS case management functionality and connectivity

Other state agency & dept. case management functionality and connectivity Health
Information
Exchange
(HIE)
"Cloud"

for interchange
of health records,
demographic data,
image files,
clinical messaging,
& other
digitized health
information

Operated by VITL

Tertiary and Community Hospitals

Primary Care & Specialty Providers

Federally Qualified Health Centers & Rural Health Clinics

Free Clinics

Mental Health/BH/SA Providers

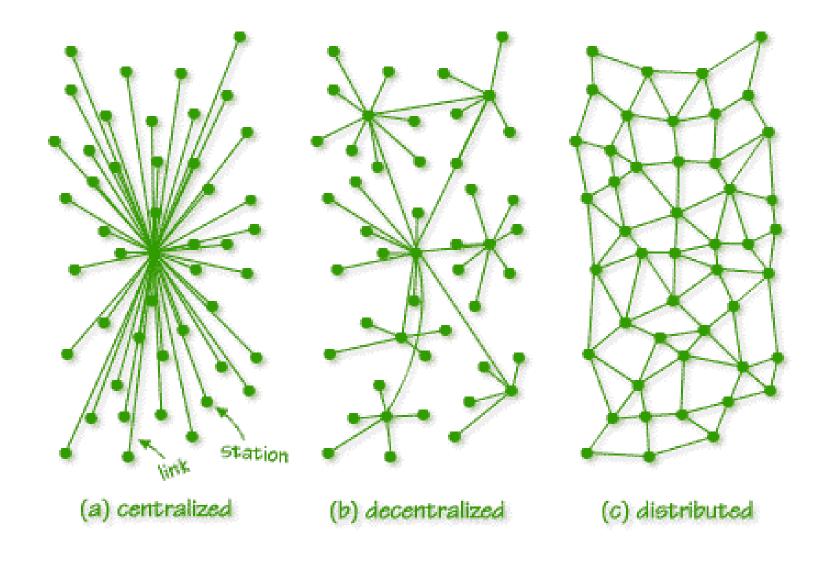
Long Term Care Providers

Home Health & Hospice Providers

Community Human Service Agencies (Family Centers, Area Agencies on Aging, etc.)



The Distributed Network Paradigm



Entering a period of expanding options for EHR adoption and implementation:

- VITL: transitioning from pilot to limited grants/year to potential for much more rapid expansion... Currently six VITL certified systems, may limit itself to fewer... May have preferred vendor options...
- FAHC PRISM Regional deployment of its Epic EHR system
- Local "purchasing coops" and/or alignment around local hospital EHR platform
- Direct purchases from vendor or value-added reseller
- Web-based systems
- Open Source systems

In all cases, must be interoperable and standards-based.



Not just for medical practices and providers

Mental Health, Home Health, and Long Term Care Providers

Not just EHRs and HIE

Telehealth, telemedicine, and remote monitoring technologies that reduce travel requirements and expand access,

Technologies that facilitate continuity of care among health settings, and

Self-service technologies that facilitate the use and exchange of patient information and reduce wait times.



Regional HIT Extension Centers and other resources

To provide HIT implementation assistance to prepare for EHR selection, installation and practice transformation to maximize use.

ARRA HIT Funding for Higher Ed

For the development of

HIT assisted research and evaluation and

Health Informatics training programs.



There Are No Details Yet

Federal Register Notice for programs anticipated May 17

Sec. 3013 State grants

Sec. 3011 "Immediate Funding"

Sec. 3014 State HIT Loan Fund competitive grants

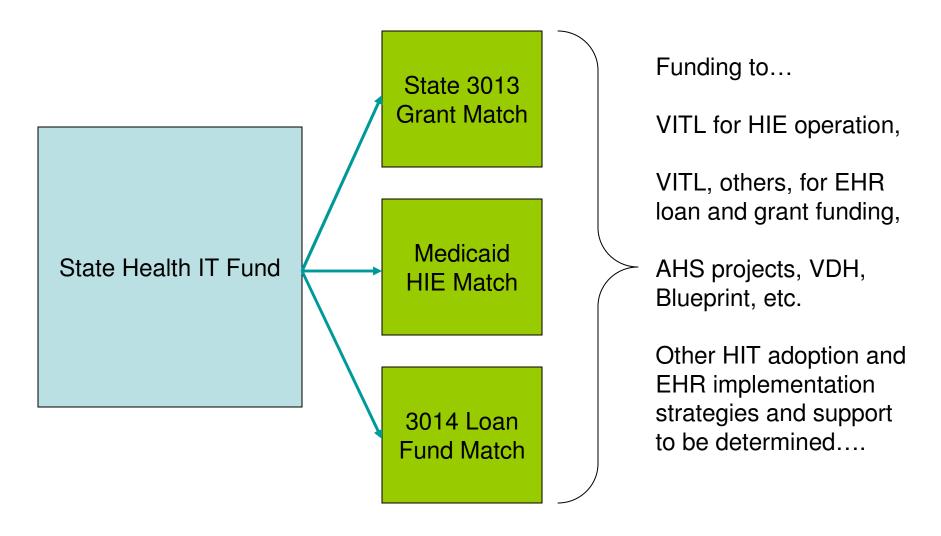
FQHC-specific Funding

Option for funding at HHS Secretary and ONC discretion

In addition to ONC, there is AHRQ

\$1.2 Billion for "comparative effectiveness" must be obligated soon. Vermont in serious, substantive discussions with AHRQ staff working on HIT and Medical Homes; opportunity to fund Blueprint IT expansion on statewide basis to compare effectiveness of the integrated Medical Home/Community Care Team to other states' non-system.





Building an environment, an architecture, standards, and criteria for meaningful use.

As many Vermont providers as possible positioned to take advantage of Medicare and Medicaid funding starting in 2011.



Achieving statewide HIT integration across the health care system to support health reform goals, improve quality of care, reduce the rate of cost increase, and facilitate systemness.

These slides and much, much more at http://hcr.vermont.gov



Today's Objectives

- a. Ensure stakeholders' understanding of VT's strategic response to ARRA HIT funds: Coordinate, coordinate, and coordinate to enhance competitive edge
- b. Identify opportunities for Vermont providers, institutions, and organizations
 - c. Assess applicant interest level, readiness
- d. Set the stage for coordination of updated statewide HIT plan and coordinated applications for funding

What questions do you have? Please write them down and we'll start tackling them after the break!

